

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>MW</i> | | 7/1/94 |
| O.I.P.E. CLASSIFIER | | | 7-8-99 |
| FORMALITY REVIEW | | | 7-20-94 |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

BRIEF MAILED